

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>People for Pinellas</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00582239	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>David Johnson Groupm LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 30 / 2016</b>		
Mailing Address 200 W. College Avenue Suite 301			Amount <b>1735.00</b>		
City Tallahassee	State FL	Zip Code 32301	Transaction ID : <b>SE.4332</b>		
Purpose of Expenditure aerial advertising		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Crist, Charlie Joseph, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>13</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>FL</b>		
Calendar Year-To-Date Per Election for Office Sought <b>0.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Election Connections, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 31 / 2016</b>		
Mailing Address P. O. Box 10866			Amount <b>859.10</b>		
City Tallahassee	State FL	Zip Code 32302	Transaction ID : <b>SE.4341</b>		
Purpose of Expenditure telephone calls		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Crist, Charlie Joseph, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>13</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>FL</b>		
Calendar Year-To-Date Per Election for Office Sought <b>0.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>2594.10</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Watkins, Michael, L., ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 31 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>People for Pinellas</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00582239
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>James R. Foster &amp; Associates, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 31 / 2016</b>
Mailing Address 6832 Bonaparte Court		Amount <b>48806.29</b>
City Plano	State TX	Zip Code 75024
Purpose of Expenditure direct mail services	Category/ Type	Transaction ID : <b>SE.4343</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Crist, Charlie Joseph, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>13</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>FL</b>
Calendar Year-To-Date Per Election for Office Sought <b>0.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Strategic Digital Services, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 30 / 2016</b>
Mailing Address 1700 N. Monroe Street Suite 11-111		Amount <b>8000.00</b>
City Tallahassee	State FL	Zip Code 32303
Purpose of Expenditure online advertising	Category/ Type	Transaction ID : <b>SE.4334</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Crist, Charlie Joseph, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>13</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>FL</b>
Calendar Year-To-Date Per Election for Office Sought <b>0.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>56806.29</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Watkins, Michael, L., ,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 3  
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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Strategic Digital Services, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 30 / 2016</b>	
Mailing Address 1700 N. Monroe Street Suite 11-111		Amount <b>3000.00</b>	
City Tallahassee	State FL	Zip Code 32303	Transaction ID : SE.4338
Purpose of Expenditure digital design	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Crist, Charlie Joseph, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>13</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>FL</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>3000.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>62400.39</b>

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Watkins, Michael, L., ,

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**10 / 31 / 2016**

Signature